New Hampshire Volunteer Lake Assessment Program Field Data Sheet 2009 Sampling Season

Lake Name: _____ Town: _____

Field Monitors:_____ Date Sampled: _____

_____ Time Sampled: _____

Bottom Depth at deep spot:_____m

WEATHER CONDITIONS *(Circle one for each):*

Cloud Cover	Air Temperature	Wind Conditions	Water Surface	Lake Level
clear	<40° cold	calm	calm	high
hazy	41°-60° cool	breezy	ripples	normal
partly cloudy	61°-80° warm	strong	small waves	low
overcast	>80° hot	gusty	moderate waves	
			white caps	

PRECIPITATION CONDITIONS *(Check off all that apply):*

Raining while sampling:_____ Rain in previous 24 hrs:_____ Rain in previous 24 - 72 hrs:_____

Indicate how much rain:_____ **OR** No rain for past _____ days

SAMPLING REMINDERS

1. Bring your VLAP Monitors field manual for reference.
2. Bring your VLAP clipboard. Compare plants in the lake to the drawings of the plants on clipboard. Submit samples of suspicious looking plants to lab for identification.
3. **Indicate all new sampling locations (including new *E.coli* sampling locations) on a map and fill out a station identification form!** Submit information with samples.
4. Before filling the deep spot bottles, make sure there is no sediment in the Kemmerer.
5. Rinse the big white and big brown bottles with sample water. **Do not rinse the small brown bottle or sterile *E.coli* bottle**.
6. Fill all sample bottles up to the neck of the bottle.
7. Bring a cooler with ice out into the field and keep samples on ice.
8. Return samples on ice to the lab within 24-hours of sample collection.
9. Notify the lab when you will be returning samples. (DES Limno Center = 271-2658)

DEEP SPOT SAMPLES *(One Large White **and** One Small Brown Bottle (with acid) **at each depth** taken with Kemmerer bottle):*

Sample Depths (**meters**): _____, _____, _____

CHLOROPHYLL-A SAMPLE *(One Large Brown Bottle, does not contain acid):*

Method: **Composite** ☐ **Integrated Tube** ☐

Starting Sample Depth: _____m

Note: In lakes with 3 thermal layers, start at the mid-point of the middle layer & collect sample at each meter up to 1 meter. In other lakes, start at 2/3 of the depth and collect at every meter up to 1m.

SECCHI DISK TRANSPARENCY

Without ViewScope (required)

*Please take reading on **SHADY** side of boat.*

Reading 1 _____m Disk visible on bottom?

Reading 2 _____m ____yes ____no

Average: _____m

With ViewScope (optional)

*Please take reading on **SUNNY** side of boat.*

Reading 1 _____m Disk visible on bottom?

Reading 2 _____m ____yes ____no

Average: _____m

OVER →

TRIBUTARY SAMPLES COLLECTED *(One large white **and** one small brown (with acid) at each station. **Optional:** one small white (E. coli). Please list station names & check off samples collected):*

Station Name	Big white bottle (pH, turb., cond., chloride)	Sm. brown bottle (phosphorus)	Sm. white bottle (*E.coli*)	If *E.coli* sample, indicate if tributary or in-lake sample

MONITOR TRAINING QUALIFICATIONS:

Did one monitor who sampled today attend the VLAP Refresher Workshop this spring? **YES** **NO**

If "**NO**": Did at least one monitor who sampled today already sample with the DES Biologist this year during the annual visit? (circle one) **YES** **NO**

If "**NO**": Were you trained by another experienced volunteer this season? **YES** **NO**

If "**YES**", please list name of volunteer who trained you:_____

If you answered **"NO"** to the above three questions, please briefly describe your sample collection training:

NEW SAMPLING LOCATION:

Did you sample at a new location this sampling event? (Circle one) **YES** **NO**

If "Yes", provide a map with station location and fill out a station identification form and submit to lab with samples. Contact the VLAP Coordinator for a station identification form or print out a form from the DES website at **www.des.state.nh.us/wmb/sampling.htm**

If you do not have a station identification form, provide the following information:

Station Name:_____

Type of Station *(specify in-lake, inlet, outlet)*:_____

Station Location: *(Please provide one of the following pieces of information)*

1. Latitude/Longitude Coordinates: GPS coordinates: _____°N Lat,_____°W Long

Specify make and model of GPS:_____

2. A map indicating the approximate location of station and station name.

FIELD OBSERVATIONS *(Please note tributary flow, tributaries that have dried up, recent storms/droughts, algal blooms, suspicious looking plants, wildlife observed, sampling problems, equipment problems, and other things of concern):*

☐ Please check and leave phone # if VLAP Coordinator should note immediately.